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Packaging instructions: <https://www.eurofins.ie/eurofins-lablink/packaging-transportation-guidelines/>

Please note: If you don't have an account with us, please contact [sales@eurofins-biomnis.ie](mailto:sales@eurofins-biomnis.ie)

**REQUESTING PHYSICIAN - PLEASE USE BLOCK CAPITALS**

**PLEASE SPECIFY THE NAME OF THE REQUESTING PHYSICIAN WHO WILL RECEIVE THE FINAL REPORT**

Physician name: \_\_\_\_\_ Clinic name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PATIENT DETAILS**

If you have a sticker with the patient details, please stick it below instead of writing/typing them

\*Surname: \_\_\_\_\_

\*First Name: \_\_\_\_\_

\*DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

**CLINICAL DETAILS**

Please include any signs and symptoms, previous abnormal cytology, diagnosis and treatment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TESTS REQUESTED**

Cervical cytology (Thinprep PAP Test) and High Risk HPV DNA combined tests - HPVNL	<b>PRICE</b> <b>€100</b>
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**CLINICAL DETAILS**

LMP: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Smear Test: \_\_\_\_/\_\_\_\_/\_\_\_\_

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Menopausal        | <input type="checkbox"/> Hysterectomy | <input type="checkbox"/> Irregular bleeding |
| <input type="checkbox"/> Post Menopausal   | <input type="checkbox"/> IUCD in situ | <input type="checkbox"/> Discharge          |
| <input type="checkbox"/> Post Natal        | <input type="checkbox"/> O/C          | <input type="checkbox"/> Suspicious cervix  |
| <input type="checkbox"/> Cervix Visualised | <input type="checkbox"/> 5 rotations  |   |

Please Provide Details

Smear Taker Signature

\_\_\_\_\_

\_\_\_\_\_

**EUROFINS BIOMNIS USE ONLY**

Sample Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Payment Options - Please select ONE of the below:**

- Our surgery/GP has an account with Eurofins Biomnis: Please tick the box ☐ & enter your account code here:
- Cheque - Please tick the box and include the cheque with the sample ☐
- Pay by credit/debit card over the phone on 01 295 8545 (option 2 on the menu):
  - ☐ Surgery will call to pay for the test, please tick this box
  - ☐ Patient will call to pay for the test, please tick this box

Please note: Payments by phone are only accepted after receipt of tests so please factor this when sending by regular post